F								Application or Docket Number				
_	PATENT A	PPLICATIO Effect	N FEE DE ive Januar	RD	10622473							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	L EI	YTITY	OR	OTHER SMALL I	
TOTAL CLAIMS			رح		-39 -2 5-		RA	ΓE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 375.0		OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			3 minus 20=		*		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*		X4	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	TOTAL		OR	TOTAL	750
(CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	Minus	***	<u> </u>	=	X\$	X\$ 9=		OR	X\$18=	
	Independent	+ /	Minus	<u>"3</u>	<i>y</i>	=	X42=			OR	X84=	
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				CLAIM		+14	0=		OR	+280=	
							TOTAL ADDIT, FEE		OR ADDIT FEE			
	(Column 1) (Column 2) (Column 3)						AUUII.	FEE		1	AUUN. PEG	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		ОЯ	X\$18=	
	Independent	*	Minus	ENDEN	CLAMA	- [X4:	2=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=		OR	+280=	
							ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	T CL ALL	-	X4	2=		OR	X84=	
╚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							0=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT FEE										OR	TOTAL	
	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											